

**REGISTRATION OF U.S. CITIZENS
MAURITIUS, REUNION, SEYCHELLES, COMOROS**

Name	Surname	Given Names	Middle Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>
DOB	mm/dd/yy	City, State, Country	
	<input type="text"/>	<input type="text"/>	
Place of Birth	Passport Number	Date of Issue	Social Security Number
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Local Address	<input type="text"/>
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FAMILY MEMBERS

Spouse

Surname	Given Names	Social Security No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Place of Birth	Passport No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Date of Issue
		<input type="text"/>
		Place of Issue
		<input type="text"/>

Children

Surname	Given Names	Social Security No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Place of Birth	Passport No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Date of Issue
		<input type="text"/>
		Place of Issue
		<input type="text"/>

Surname	Given Names	Social Security No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Place of Birth	Passport No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Date of Issue
		<input type="text"/>
		Place of Issue
		<input type="text"/>

Surname	Given Names	Social Security No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Place of Birth	Passport No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Date of Issue
		<input type="text"/>
		Place of Issue
		<input type="text"/>

EMERGENCY CONTACTS

Name	Surname	Given Names	Relationship
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>		
	Telephone	Mobile	Fax
Contact Numbers	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please read, complete and sign the Privacy Act Waiver on the next page.

PRIVACY ACT

In accordance with the Privacy Act (PL 93-579) passed by Congress in 1974, the Consulate General cannot release any information regarding you that is not considered to be in the public domain to anyone without your written consent except as set forth in the Act.

The information on the registration form is authorized by 22 USC 2658 and is solicited primarily to establish your citizenship, identity, and entitlement to welfare and protection services provided by the U.S. government. This information may be made available on a need-to-know basis, to personnel of the Department of State and other U.S. Government agencies having statutory or other lawful authority to maintain such information in the performance of their official duties, pursuant to a court order, or as set forth in 22 CFR 171 (Freedom of Information Act regulations). Failure to provide the requested information may make it difficult or impossible for the Department of State to assist you.

On the registration form, you are asked to indicate the extent to which you wish to waive your Privacy Act rights by **ticking** the appropriate boxes, then signing and dating below. Only you and your U.S. citizen spouse are required to sign, children age 18 or over should complete a separate form of their own. You have the following options:

No waiver: ☐

No information would be released except as noted above;

Full waiver: ☐

Any information provided on this form may be released to anyone making request;

Limited waiver: ☐

Information released only to your choice of members.

Signature: _____

Date: _____